

Alexander LAN Channel Partner Application

Business Identification

Legal Business Name: _____

D.B.A. Name: _____

Mailing Address: _____

Main Phone Number: _____

Web site: _____

State Sales Tax ID Number (*Please attach a copy of your Sales Tax license*): _____

Contact Information

Main contact (*This person will receive all Alexander LAN information*): _____

Phone: _____ Fax: _____ E-mail: _____

Executive Contact: _____ Title: _____

Sales Contact: _____ Phone: _____ E-mail: _____

Technical Contact: _____ Phone: _____ E-mail: _____

Business Description

Area of specialty/expertise: _____

Type of facility at your location: Office/Suite Store front Residence

Best description of your location: Headquarters Regional Office Field Office

Total number of locations in your company's enterprise: _____

Total number of employees in your company's enterprise: _____

Total number of employees at your location: _____

Sales/Marketing Technical (Support and Field) Administration

Years in business: _____

By signing this application, the company identified herein agrees to provide Alexander LAN end-users with high-quality service and support and acknowledges that end-user satisfaction is a condition of continued status as an Alexander LAN Channel Partner.

I hereby certify that the information provided on this application is true and accurate.

Name (*Please Print*): _____

Signature: _____ Date: _____

Please mail or fax this application to the address/fax number shown below.

Alexander LAN, Inc.
100 Perimeter Road
Nashua, New Hampshire 03063 USA
Voice (603) 880-8800 Fax (603) 880-8881
sales@alexander.com

